

**SPENCER COUNTY PARKS & RECREATION
BASKETBALL REGISTRATION FORM**

Program _____ Team _____ (Last Season)

Name _____ Sex M / F
(Last) (First) (Middle)

Address _____ City _____ Zip _____

Age _____ Date of Birth _____ Grade _____

Mother/Guardian _____ Phone H _____ W _____

Father/Guardian _____ Phone H _____ W _____

Emergency Contact _____ Phone _____

Does your child have some type of medical condition? (If so, please explain) _____

Please circle the correct shirt size for player.

YOUTH: Small Medium Large **ADULT:** Small Medium Large X-Large

We ask for participation from all parents in our programs. Please circle the area(s) in which you would be willing to help.

COACH ASST. COACH TEAM PARENT SCORE KEEPER

DIVISION COORDINATOR COMMITTEE MEMBER TEAM SPONSOR

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In consideration of the participation in the programs offered by Spencer County Parks & Recreation (SCRCP),

1. I hereby agree to comply with all rules and regulations and program instructions of SCRCP.
2. I hereby acknowledge that participation in athletic competition carries with it potential hazards. I therefore release SCRCP and its volunteers, coaches and sponsors of any liability resulting from injury or death during the event and its related activities.
3. I hereby attest that and verify that child is physically fit to participate in this athletic program.
4. I hereby consent for my child to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during SCRCP program.
5. I hereby acknowledge that I have sole responsibility for my personal and my child's possession and athletic equipment during the SCRCP program and related activity.
6. I hereby agree that in the event the event of a program cancellation due to storm, rain, inclement weather, winds and /or other "Acts of God", my enrollment fees shall be non-refundable.

Signature of Parent or Legal Guardian

Date Signed

Registration form and \$50 payment per child can be mailed to:

SPENCER COUNTY PARKS
PO BOX 397
TAYLORSVILLE KY 40071

by November 4th . An additional \$10 late fee will be charged for forms received after November 4th.

Make checks payable to **SPENCER COUNTY FISCAL COURT**

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Amount _____ Cash/Check # _____ Date Paid _____ Received by _____